Rhode Island Department of Health
Three Capitol Hill
Providence, RI 02908-5094

www.health.ri.gov

Specimen Collection, Testing & Assessment of Patients
May 6, 2009 – UPDATED

Specimen Collection and Testing (See algorithm on pg 3)

1. Call HEALTH 222-2577 to get approval for PCR testing at the HEALTH laboratory (the only lab in the state with this capability). HEALTH will only approve testing for patients who fit the current testing criteria.

2. Specimen collection kits consist of a nasopharyngeal swab with a wire shaft and a tip made of polyester, dacron or rayon and a tube of Viral Transport Media (VTM).

NOTE: Swabs with wooden shafts or calcium alginate or cotton tips are unacceptable.

A nasopharyngeal swab is the preferred specimen. Other acceptable specimens include the following:

- Nasal aspirates submitted in VTM
- Nasopharyngeal swab plus throat swab submitted in VTM

All specimens must be labeled with patient name and be accompanied by a completed HEALTH Laboratory requisition form.

3. After the specimen is obtained, it should be placed in the tube of VTM, the cap tightened securely and the VTM tube placed on wet ice for transport to the HEALTH Laboratory. If necessary, the specimen can be held in the refrigerator, (not the freezer) until transport to the HEALTH Laboratory.

4. If you are submitting the specimen through your hospital laboratory, inform your lab that it is a specimen that has been approved through HEALTH to expedite shipment to the HEALTH Laboratory.

5. Courier service is available to transport specimens to the HEALTH Laboratory if your facility does not have a courier. Call 222-5538 to arrange for specimen transport.

6. The results of the influenza PCR that is performed at the HEALTH lab will be relayed directly to the provider.

Duration of viral shedding

The duration of shedding with swine-origin influenza A (H1N1) virus is unknown. Therefore, until data are available, the estimated duration of viral shedding is based upon seasonal influenza virus infection which is that infected persons are assumed to be shedding virus and potentially infectious from the day prior to illness onset until resolution of fever. Infected persons should be assumed to be contagious up to 7 days days from illness onset. Some persons who are infected

might potentially shed virus and be contagious for longer periods (e.g. young infants, immunosuppressed, and immunocompromised persons).

Rapid Testing

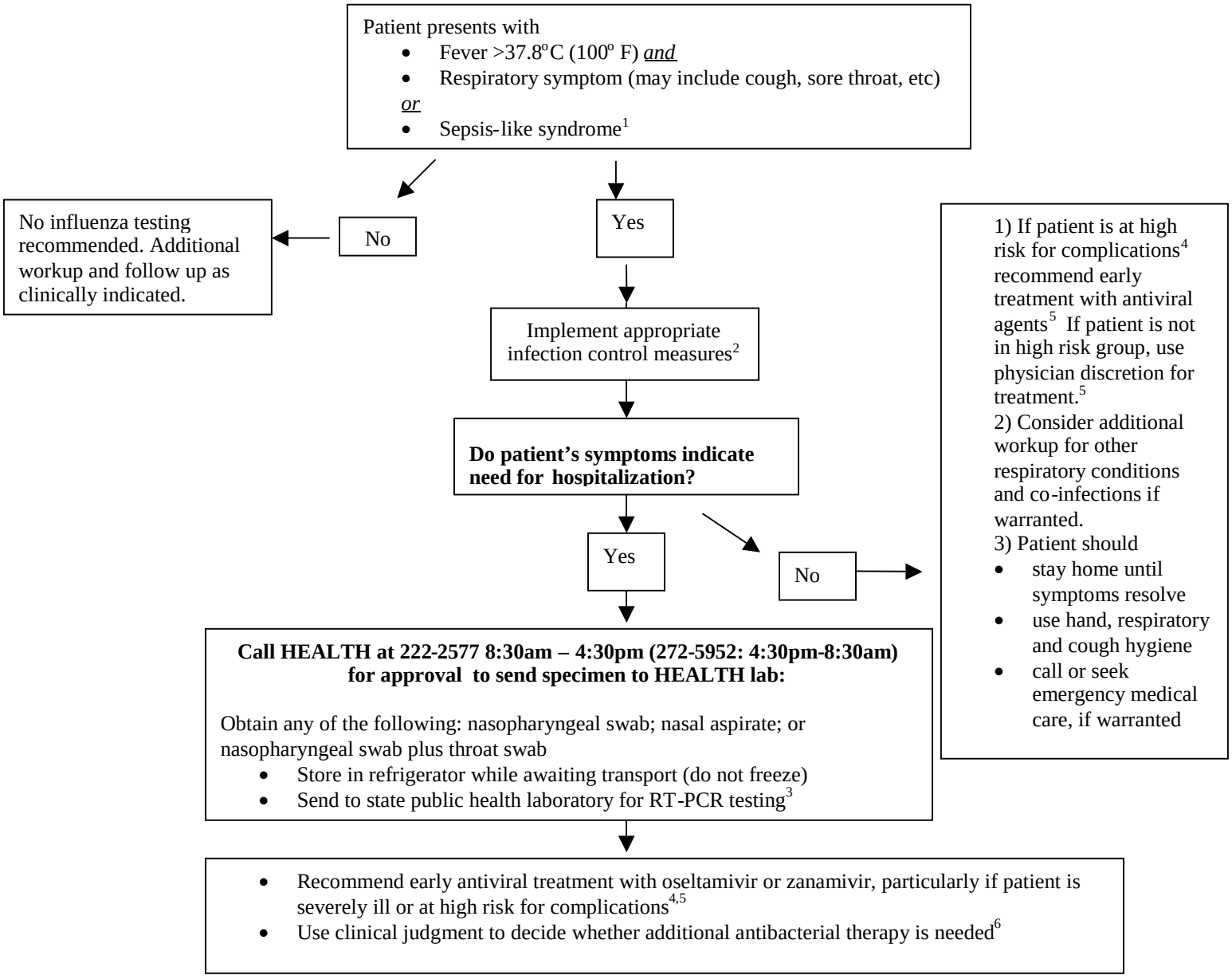
Rapid influenza antigen test: these tests have unknown sensitivity and specificity to detect human infection with swine-origin influenza A (H1N1) virus in clinical specimens, and have suboptimal sensitivity to detect seasonal influenza viruses. A negative rapid test could be a false negative and should not be assumed a final diagnostic test for swine-origin influenza infection. Therefore, we do not suggest relying on the rapid influenza antigen test for diagnosis at this time.

Assessment of patients with influenza-like illness (fever AND cough OR sore throat)

Please be informed that with rapid testing not recommended and limited availability of viral transport media in an immediate clinical situation, HEALTH is asking providers to make a clinical decision: ILI mild or moderate enough to go home with supportive care with or without treatment versus ILI severe enough to require hospitalization and evaluation in the ER. This will significantly minimize the spread of disease by persons going into hospital settings unnecessarily

Algorithm to assist in decisions on testing and treatment for H1N1 (Swine) Influenza in *Regions (state or metropolitan area) with 5 or more Confirmed Cases* – **See Page 3**

Algorithm for clinicians to assist in decisions on testing and treatment for H1N1 (swine flu) virus *in the event of limited resources, (i.e. clinic capacity, testing supplies, medications)*



1. As with seasonal influenza, infants, adults ≥65 years-old, and persons with compromised immune systems may have atypical presentations.
2. Information on infection control can be found at: http://www.cdc.gov/swineflu/guidelines_infection_control.htm
3. Real-time polymerase chain reaction (RT-PCR) is the preferred laboratory test for identifying H1N1 (swine flu) virus. Rapid antigen tests and immunofluorescence tests have unknown sensitivity and specificity to detect H1N1 (swine flu) virus. For more information, please see http://www.cdc.gov/swineflu/specimencollection.htm.
4. Persons at high risk of complications: Children less than 5 years old; persons aged 65 years or older; children and adolescents (aged 6 months–18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection; pregnant women; adults and children who have chronic pulmonary, cardiovascular, hepatic, hematological, neurologic, neuromuscular, or metabolic disorders; adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV); and residents of nursing homes and other chronic-care facilities.
5. Information on use of antiviral agents can be found at: http://www.cdc.gov/swineflu/recommendations.htm
6. Interim guidance for clinicians is available at: http://www.cdc.gov/swineflu/identifyingpatients.htm

Please note: these algorithms do *not* apply to providers participating in the US Outpatient Influenza-like Illness Surveillance Network (ILINet). For guidance related to ILI Net see: http://www.cdc.gov/h1n1flu/screening.htm